		Application or Docket Number					
PATENT APPLICATION Files	ON FEE DETERN tive October 1, 2	,					
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	09/216545					
CLAIMS A	(Column 2)	LENTITY OF		OTHER THAN SMALL ENTITY			
TOTAL CLAIMS			RAT	E FEE		RATE	FEE
FOR	NUMBER FILED	NUMBER EXTRA	BASIC	FEE 370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS	29minus 20=	* 9	X\$ 9)=	OR	.X\$18=	162
INDEPENDENT CLAIMS	minus 3 =	minus 3 = *		X42=		X84=	78
MULTIPLE DEPENDENT CLAIM P		+140	=	OR	+280=		
* If the difference in column 1 is	r "0" in column 2	TOTA		OR	TOTAL	1000	
CLAIMS AS A			」 。	OTHER			
(Column 1)	SMAI	L ENTITY	OR	SMALL			
Total Independent Total CLAIMS REMAINING AFTER AMENDMENT Total * 2	HIGH NUM PREVIO PAID	BER PRESENT DUSLY EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total * 8/	Minus ** 2	9 =	X\$ 9:	=	OR	X\$18=	
Independent * // FIRST PRESENTATION OF MI	Minus *** C	CLAIM	X42=		OR	X84=	
THETT MEDERITATION OF WIL	JETH LE DET ENDENT	CLAIM	+140;	=	OR	+280=	
			TOT		_ L	TOTAL ADDIT. FEE	
(Column 1)	(Colun	nn 2) (Column 3)	ADDIT. F	=	.	NUUII. FEE	
CLAIMS REMAINING AFTER AMENDMENT Total * 2 G	HIGHI NUME PREVIO PAID F	BER PRESENT PUSLY EXTRA FOR	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total * 29	Minus **。	=	X\$ 9=		OR	X\$18=	
Independent * // FIRST PRESENTATION OF MU	Minus ***	CLAIM []	X42=		OR	X84=	
T. W. O. T. T. E. C. E. T.	ETH LE DEI CHDENT		+140=		OR I	+280=	
<i>:</i>			TOTA ADDIT. FE			TOTAL DDIT. FEE	
(Column 1)	(Colum	n 2) (Column 3)					
CLAIMS REMAINING AFTER AMÉNDMENT Total * 29 Independent *	HIGHE NUMB PREVIOU PAID F	ST ER PRESENT JSLY EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total * 29	Minus ** 29	=	′ X\$ 9=		OR	X\$18=	
Independent * FIRST PRESENTATION OF MU	Minus + +++	CLAIM	X42=		OR	X84=	
		<u> </u>	+140=		OR	+280=	
 If the entry in column 1 is less than the If the "Highest Number Previously Pai If the "Highest Number Previously Pai 	d For" IN THIS SPACE is I	ess than 20, enter "20."	TOTAI ADDIT. FEE		_ L	TOTAL ODIT. FEE	
The "Highest Number Previously Paid	For" (Total or Independen	it) is the highest number	found in the a	ppropriate box	in colur	nn 1.	

							Application or Docket Number							
* PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2001						ORE	P		<u> </u>		_			
								09/2/6548						
CLAIMS AS FILED - PART I (Column 1) (Column 2)				umn 2)	1	SMALL TYPE	ENTITY	OR		R THAN ENTITY				
TOTAL CLAIMS							RATE	FEE		RATE	FEE			
FOR		NUMBER	NUMBER FILED N		MBER EXTRA		BASIC FI	EE 370.00	OR	BASIC FEE	740.00			
TOTAL CHARGEABLE CLAIMS		m	minus 20= *				X\$ 9=		OR	.X\$18=				
INDEPENDENT CLAIMS		minus 3 = *		*			X42=		OR	X84-				
MULTIPLE DEPENDENT CLAIM PRI			RESENT	IESENT			+140=	1.	IOR	+280=				
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL		OR	L					
_ CLAIMS AS AMENDED - PART II									<u> </u>	_ ~	OTHER	THAN		
1		(Column 1) (Column 2) (Column 3)						SMALL	ENTITY	OR	SMALL	-		
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NDN	Total	* //	Minus	*2-9	2 	=		X\$ 9=		OR	X\$18=			
AME	Independent	* T	Minus	DENIDENT	CLAIM	=		X42=		OR	X84=			
	7 11017 11200		OLTH EL DE	LINDLINI	CLAIM			+140=		OR	+280=			
	_			,				TOTAL		OR	TOTAL ADDIT, FEE	- proje		
/	5	(Column 1)		(Colum		(Column 3)	. ′				ADDIT. I EL			
NDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	* //	Minus	***************************************	} 	=		X\$ 9=		OR	X\$18=			
AMEN	Independent	* C/ NTATION OF ML	Minus	**E	CL AIM			X42=		OR	X84=			
		·		LIVOLIVI				+140=		OR	+280=			
	<i>:</i>					•	L A	TOTAL DDIT. FEE		or ,	TOTAL ADDIT. FEE			
		(Column 1)	· · · · · · · · · · · · · · · · · · ·	(Colum		(Column 3)			,]		
MEN		CLAIMS REMAINING AFTER AMÉNDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	* !	Minus	**		= .	,	X\$ 9=		OR	X\$18=			
	<u> </u>		Minus '	***.	OL 643:4	=		X42=		OR	X84=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			 -	.140			. 200						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.						OR	+280≈ TOTAL							
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.							DDIT. FEE L							
T	ne "Highest Numb	per Previously Paid	For" (Total or	Independen	t) is the l	highest number	foun	d in the app	oropriate box	in colu	mn 1.			